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PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

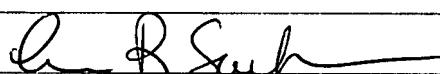
(to be used for all correspondence after initial filing)

| | | | |
|--|----|------------------------|-------------------|
| | | Application Number | 09/499,526 |
| | | Filing Date | February 10, 2000 |
| | | First Named Inventor | Kuanghui Lu |
| | | Art Unit | 1647 |
| | | Examiner Name | Regina M. Deberry |
| Total Number of Pages in This Submission | 27 | Attorney Docket Number | CIBT-P01-058 |

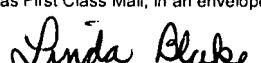
ENCLOSURES (Check all that apply)

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): SB/08 Copy of reference CZ5-CD6 Return Receipt Postcard |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | ROPE & GRAY LLP | | |
| Signature |  | | |
| Printed name | Anupama R. Sawkar | | |
| Date | October 9, 2007 | Reg. No. | 59,399 |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: October 9, 2007 Signature:  (Linda Blake)



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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

| | | | | |
|-------------------------|------|--------|---------------------|--------------|
| TOTAL AMOUNT OF PAYMENT | (\$) | 640.00 | Attorney Docket No. | CIBT-P01-058 |
|-------------------------|------|--------|---------------------|--------------|

Complete if Known

| | |
|----------------------|-------------------|
| Application Number | 09/499,526 |
| Filing Date | February 10, 2000 |
| First Named Inventor | Kuanghui Lu |
| Examiner Name | R. M. Deberry |
| Art Unit | 1647 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

| | | | |
|---------------------|---------------------|-----------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|

| | |
|-----------------|-----------------|
| <u>Fee (\$)</u> | <u>Fee (\$)</u> |
|-----------------|-----------------|

Each independent claim over 3 (including Reissues)

| | |
|-----------------|-----------------|
| <u>Fee (\$)</u> | <u>Fee (\$)</u> |
|-----------------|-----------------|

Multiple dependent claims

| | | | |
|---------------------|---------------------|-----------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|

Multiple Dependent Claims

| | |
|-----------------|----------------------|
| <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|-----------------|----------------------|

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|

| | | | |
|--------------|----------|----------|---------|
| <u>- 3 =</u> | <u>x</u> | <u>=</u> | <u></u> |
|--------------|----------|----------|---------|

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|

| | | | | |
|----------------|--------------|---------------------------------------|----------|---------|
| <u>- 100 =</u> | <u>/50 =</u> | <u>(round up to a whole number) x</u> | <u>=</u> | <u></u> |
|----------------|--------------|---------------------------------------|----------|---------|

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

| | | |
|--------------------------------------|---|--------|
| Other (e.g., late filing surcharge): | 1252 Extension for response within second month | 460.00 |
|--------------------------------------|---|--------|

| | |
|--|--------|
| 1806 Submission of an Information Disclosure Statement | 180.00 |
|--|--------|

SUBMITTED BY

| | | | | | |
|-------------------|-------------------|--------------------------------------|-----------------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 59,399 | Telephone | (617) 951-7000 |
| Name (Print/Type) | Anupama R. Sawkar | Date | October 9, 2007 | | |

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Dated: October 9, 2007 Signature: (Linda Blake)



PTO/SB/92 (04-07)

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Application No. (if known): 09/499,526

Attorney Docket No.: CIBT-P01-058

Certificate of Mailing under 37 CFR 1.8

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Alexandria, VA 22313-1450

on October 9, 2007 .
Date

Linda Blake

Signature

Linda Blake

Typed or printed name of person signing Certificate

Registration Number, if applicable

(212) 596-9000

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal (1 page)

Petition for Two-Month Extension of Time (1 page, in duplicate; total: 2 pages)

Fee Transmittal (1 page, in duplicate; total: 2 pages)

Amendment in Response to Non-Final Office Action (16 pages)

Supplemental Information Disclosure (2 pages, in duplicate; total: 4 pages)

SB/08 (1 page) (5 references)

Copy of references CZ5-CD6

Authorization to charge \$640.00 to deposit account 18-1945

Return receipt postcard

This Certificate of Mailing under 37 CFR 1.8